2135 RIMROCK ROAD • PO BOX 8901 • MADISON WI 53708-8901 • Phone (608) 266-7879 • FAX (608) 261-8978 • delnqtax@dor.state.wi.us

## Installment Agreement Request - Processing Fee Required

The department will inform you if your installment request is approved or if additional information is needed. If approved as proposed, an installment agreement will be forwarded to you. If it is determined that larger payments are necessary or additional information is required, someone from the department will contact you. **Be sure to complete both sides of this form.** 

YOUR INFORMATION	SPOUSE INFORMATION				
Name	Name				
Social Security Number	Social Security Number				
Date of Birth	Date of Birth				
Address	AddressCity, State, Zip				
City, State, Zip					
Phone ( )	Phone ( )				
Name(s) and ages of dependent(s)	Name(s) and ages of dependent(s)				
Place of Employment	Place of Employment				
Company	Company				
Address	Address				
City, State, Zip	City, State, Zip				
Phone ( )	Phone ( )				
Job Title/Position	Job Title/Position				
Gross Income	Gross Income				
Net Income	Net Income				
Other Income	Other Income				
General Assistance \$	General Assistance \$				
AFDC \$	AFDC \$				
Social Security/SSI \$	Social Security/SSI \$				
Other (specify)\$	Other (specify)\$				
PROPOSED INSTALLMENT AGREEMENT					
\$ OR Semi-monthly Bi-we	eekly 🗌 Weekly				
Monthly Automatic Withdrawal <i>(check with)</i>					
/ ← First Payment / Withdrawal Date					
INSTALLMENT AGREEMENT TERMS:					
1. A \$20.00 fee will be added to your balance when an installment agree	ement is accepted by the department.				
The Department of Revenue may file delinquent tax warrants. These your credit rating. The filing of these tax warrants will add additional	warrants are liens against your property and, as public records, may affect charges to your balance.				
agreement.	npaid tax liability and will not be considered installment payments on your				
4. All returns and taxes must be filed and paid as they become due.					
5. The Wisconsin Department of Revenue reserves the right to void any information or if there is a material change in your financial condition	agreement if it is determined that it was made based on false or inaccurate n.				
I/We have read and understand the terms listed above and wish to	enter into an installment agreement with the Wisconsin Department o				

Revenue. I/We also attest that the information furnished on this form is true and correct to the best of my/our knowledge.

Spouse Signature

Date

Date

Your Signature

## $\label{lem:please} \textbf{Please indicate both separate and combined assets and expenses}.$

Financial Institutions  Balance		Name and address of institution					
Checking Account \$							
Savings Account \$							
Other (IRA, CD, \$ Money Market, etc.)							
Life Insurance Policies				Cash	Balance Due		
Company	Beneficiar	٧	Amount	Value	on Loan		
				\$			
		\$		\$	\$ \$		
		\$		\$	\$		
Yes No Have premiums t	peen paid to date?						
Motor Vehicles							
Make Model	Year	Fair Market Val	lue \$	Balance I	Due \$		
License Plate # Lien H							
License Plate # Lien H	older	_ Tall Market Val Add	larket Value \$ Balance Due \$ Address				
Other personal property (boat, motorcycle,	Showmobile, etc.):						
Real Estate (If you rent, list name and add	ress of landlord)						
Location		Fair Market Val	lue \$	Balance I	Due \$		
Mortgage Holder							
Expenses	Monthly Payment	Balance	Due	Please note ar are behind in a	ny payments you and by how much		
Mortgage or Rent	\$	\$					
Property tax escrow	\$	\$					
Auto payments	\$	\$					
Gasoline/oil	\$	\$					
Utilities: Home Heating	\$						
Electrical	\$	\$					
Telephone	\$	\$					
Water	\$	\$					
Cable / internet access	\$	\$					
Loans (list) 1.	\$	\$					
2	\$	\$					
3 Credit Cards Is card still in use?	\$	\$					
	ф	¢.					
	\$	\$					
☐ MasterCard ☐ No ☐ Yes             ☐ Discover ☐ No ☐ Yes	\$ ¢						
Other: No Yes	\$	\$					
Food	\$						
Entertainment	\$ \$	Ψ \$					
Insurance (all)	\$						
IRS – Delinquent Payment	\$	\$					
Other (list)	\$\$	\$					
Total Monthly Expenses							
Total Net Monthly Income							
Net Difference		<del>_</del>					